



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits – Bay & Central Region
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January 30, 2008

Curtis R. Boewer, MFTi, Director
Colusa County Mental Health
162 E. Carson Street, Suite A
Colusa, CA 95932

Dear Mr. Boewer:

AUDIT REPORT – COLUSA COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Colusa County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

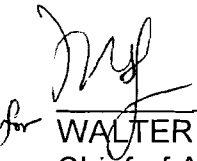
	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 449,666	\$ 372,321	\$ (77,345)
State General Funds EPSDT Due State	\$ 79,636	\$ 65,943	\$ (13,694)

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative

Curtis R. Boewer, MFTi, Director
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Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


for WALTER J. HILL, JR., MBA, EA
Chief of Audits


MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

COLUSA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 429,041	\$ (79,272)	\$ 349,769
HEALTHY FAMILIES - FFP	(Sch. 2a)	20,625	1,927	22,552
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 449,666</u>	<u>\$ (77,345)</u>	<u>\$ 372,321</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 0	\$ 0	\$ 0
HEALTHY FAMILIES - FFP	(Sch. 3b)	0	0	0
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 429,041	\$ (79,272)	\$ 349,769
HEALTHY FAMILIES - FFP		20,625	1,927	22,552
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 449,666</u>	<u>\$ (77,345)</u>	<u>\$ 372,321</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	<u>\$ 79,636</u>	<u>\$ (13,694)</u>	<u>\$ 65,943</u>

COLUSA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	587,207	(68,130)	519,077
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	31,607	(186)	31,421
9. Total		<u>\$ 618,814</u>	<u>\$ (68,315)</u>	<u>\$ 550,499</u>
Less: Patient & Other Payor Revenues				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	0	0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Medi-Cal Net Reimbursement for Direct Services				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	587,207	(68,130)	519,077
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	31,607	(186)	31,421
25. Total		<u>\$ 618,814</u>	<u>\$ (68,315)</u>	<u>\$ 550,499</u>
Medi-Cal MAA Reimbursement				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

COLUSA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

<u>COUNTY OPERATED FEDERAL</u>		<u>Audit</u>		
		<u>As Settled</u>	<u>Adjustments</u>	<u>As Audited</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Administrative Reimbursement</u>				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	<u>\$ 88,081</u>	<u>\$ (10,219)</u>	<u>\$ 77,862</u>
38. Medi-Cal Administration	(MH 1979, Ln 5)	<u>\$ 88,041</u>	<u>\$ 44,418</u>	<u>\$ 132,459</u>
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 88,041</u>	<u>\$ (10,179)</u>	<u>\$ 77,862</u>
<u>Healthy Families Administrative Reimbursement</u>				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	<u>\$ 3,161</u>	<u>\$ (19)</u>	<u>\$ 3,142</u>
41. Healthy Families Administration	(MH1979, Ln 9)	<u>\$ 0</u>	<u>\$ 157,638</u>	<u>\$ 157,638</u>
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 3,142</u>	<u>\$ 3,142</u>
<u>Utilization Review Reimbursement</u>				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	<u>\$ 80,626</u>	<u>\$ (38,605)</u>	<u>\$ 42,021</u>
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 43,483</u>	<u>\$ (20,820)</u>	<u>\$ 22,663</u>
<u>Net SD/MC Reimbursement - FFP</u>				
45. Direct Services	(MH1979, Ln 16,16A)	\$ 302,808	\$ (34,818)	\$ 267,990
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	0	0
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	44,021	(5,090)	38,931
50. U.R. Skilled Professional	(MH1979, Ln 14)	60,470	(28,954)	31,516
51. U.R. Other	(MH1979, Ln 15)	21,742	(10,411)	11,332
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 429,041</u>	<u>\$ (79,272)</u>	<u>\$ 349,769</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0
56. Total SD/MC Reimbursement - FFP		<u>\$ 429,041</u>	<u>\$ (79,272)</u>	<u>\$ 349,769</u>
<u>Net Healthy Families Reimbursement - FFP</u>				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 20,625	\$ (123)	\$ 20,502
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	2,050	2,050
60. Total Healthy Families Reimbursement - FFP		<u>\$ 20,625</u>	<u>\$ 1,927</u>	<u>\$ 22,552</u>
61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 449,666</u>	<u>\$ (77,345)</u>	<u>\$ 372,321</u>

(To Sch. 1)

COLUSA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	587,207	(68,130)	519,077
(2) Total SD/MC Claims	498,828	0	498,828
(3) Percent % (Line 1/Line 2)	1.1772	(0.1366)	1.0406
(4) EPSDT Claims	229,369	0	229,369
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	270,013	(31,333)	238,680
(6) Cost Settled Baseline for EPSDT	90,206	0	90,206
(7) Net Cost Settlement Amount (Line 5 - Line 6)	179,807	(31,333)	148,474
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	87,314	(15,215)	72,099
(8a) FY 2001-02 EPSDT settlement (48.64% of Net Cost Settlement Amount (8))	10,535	0	10,535
(8b) Annual Local Growth (L. 8 - 8a)	76,779	(15,215)	61,564
(9) County Match 10% of Local Growth (8b x 10%)	7,678	(1,522)	6,156
(10) Net cost settlement amount (L. 8 - 9)	79,636	(13,694)	65,943
(11) SGF Distribution (Settled and Audited)	79,636	0	79,636
(12) SGF Due (State)	0	(13,694)	(13,694)
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated May 20, 2005 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COLUSA COUNTY				00006	17	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 88,041	\$ 44,418	\$ 132,459
2	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	\$ -	\$ 8,018	\$ 8,018
3	MH 1960	11	C	NON SD/MC ADMINISTRATION	\$ 210,074	\$ (52,436)	\$ 157,638
-	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	\$ 298,115		\$ 298,115
				To allocate total administrative cost among SD/MC, Healthy Families, and Non SD/MC Administration based on the gross cost method percentages of 44.4322% for SD/MC, 2.6896% for Healthy Families, and 52.8782% for Non SD/MC.			
4	MH 1960	13	3	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 80,626	\$ (38,605)	\$ 42,021
5	MH 1960	14	3	OTHER SD/MC UTILIZATION REVIEW	\$ 43,483	\$ (20,820)	\$ 22,663
6	MH 1960	15	3	NON SD/MC UTILIZATION REVIEW	\$ -	\$ 59,425	\$ 59,425
-	MH 1960	16	3	TOTAL UTILIZATION REVIEW COSTS	\$ 124,109		\$ 124,109
				To allocate the Non SD/MC Utilization Review portion related to SPMP and Other SD/MC Utilization Review using the audited gross cost percentages of 52.12% for SD/MC and 47.88% for Non SD/MC.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COLUSA COUNTY				00006	17	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS</u>			
7	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	69,813	(8,969)	60,844 *
8	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	173,348	(17,704)	155,644 *
9	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	0	10	10 *
10	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	3,734	(168)	3,566 *
11	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	10,323	2,548	12,871 *
			Info	TOTAL UNITS	257,218	(24,283)	232,935 *
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated February 9, 2007. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
-	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 60,844	0	60,844
-	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 155,644	0	155,644
12	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 10	(10)	0
13	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 3,566	63	3,629
14	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	** 12,871	(2,548)	10,323
			Info	TOTAL UNITS	** 232,935	(2,495)	230,440
				To reclassify SD/MC units as a result of comparing the lesser of the Cost Report or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COLUSA COUNTY				00006	17	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
15	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 429,040	\$ (79,271)	\$ 349,769
16	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	20,625	1,927	22,552
				TOTAL REIMBURSEMENT - COUNTY	449,665	(77,344)	372,321
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
				<u>ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT</u>			
17	Sch. 4	8	3	TOTAL EPSDT SGF	79,636	(13,694)	65,943
				To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provider cost reports.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

**COLUSA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
FINDINGS AND RECOMMENDATIONS
FOR FISCAL YEAR ENDED JUNE, 2003**

FINDING 1 – RETENTION AND MAINTENANCE OF RECORDS

During the audit, we experienced difficulty obtaining records and source documents used by the county to prepare the Short-Doyle/Medi-Cal cost report, specifically working papers to support the county's cost allocation and Medi-Cal units. The county provided no working papers for this fiscal year.

AUDIT AUTHORITY:

DMH Letter 03-05, dated October 3, 2003
Title 9, California Code of Regulations, Section 640
CMS, Pub. 15-1, Sections 2300 and 2304

RECOMMENDATION:

Regulations require consistent maintenance of adequate and accurate accounting records. The county must keep adequate financial records and statistical data to support year-end documents filed with the Department of Mental Health. These records include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data charts, and schedules for allocating costs. Accounting records and supporting documents must be retained for four years after the closing of the fiscal year or until such time as the audit has been settled for the fiscal year.

We recommend that the county review and adhere to the above-cited audit authorities. Failure to do so could result in material fiscal exceptions in future cost report audits.

All records utilized in the preparation of the SD/MC cost report must be properly kept and readily available for review. We strongly recommend that the County establish an archives policy. Supporting documentation must be properly labeled and have an audit trail, (e.g. types of workpapers, location, retention period, access authorities, etc.). This will facilitate the completion of the audit.

AUDITEE'S RESPONSE:

We are developing policies and procedures to address the issue of records retention and records availability for the Cost Report working papers and source documents.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: COLUSA COUNTY
County Code: 06

Legal Entity: COLUSA COUNTY		A	B	C
Legal Entity Number: 00006		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	927,423	832,387	1,759,810
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(223,804)	(223,804)
4	Other Adjustments (Provide Detail)		54,466	54,466
5	Total Costs Before Medi-Cal Adjustments	927,423	663,049	1,590,472
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			1,590,472
Administrative Costs (County Only)				
9	SD/MC Administration			132,459
10	Healthy Families Administration			157,638
11	Non-SD/MC Administration			8,018
12	Total Administrative Costs			298,115
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			42,021
14	Other SD/MC Utilization Review			22,663
15	Non-SD/MC Utilization Review			59,425
16	Total Utilization Review Costs			124,109
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			1,168,248
19	Total Costs - Lines 9 through 18			1,590,472

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: COLUSA COUNTY
County Code: 06

Legal Entity: COLUSA COUNTY		A
Legal Entity Number: 00006		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,168,248
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	70,474
5	Outpatient Services (Mode 15 Program 1 + Program 2)	985,769
6	Outreach Services (Mode 45)	112,005
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	1,168,248

County: COLUSA COUNTY		CR						
County Code: 06								
Legal Entity: COLUSA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00006			Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
			40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		45					
3	Gross Cost	70,474	70,474					
4	Cost per Unit		1,566.09					
5	SMA per Unit							
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02						
8A		10/01/02 - 06/30/03						
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		45					
13	Medi-Cal Costs	07/01/02 - 09/30/02						
13A		10/01/02 - 06/30/03						
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02						
14A		10/01/02 - 06/30/03						
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		70,474	70,474				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: COLUSA COUNTY		CR		CR		CR		CR		CR		CR	
County Code: 06		CR		CR		CR		CR		CR		CR	
Legal Entity: COLUSA COUNTY		A		B		C		D		E		F	
Legal Entity Number: 00006		Mode Total		Service Function		Service Function		Service Function		Service Function		Service Function	
Mode: 15 - Outpatient (Program 1)		Mode Total		01		10		30		35		40	
1	Allocation Percentage	100.00%		13.11%		2.15%		10.56%		7.51%		37.80%	
2	Total Units			72,838		9,611		47,190		33,594		168,988	
3	Gross Cost	983,479		128,923		21,146		103,818		73,907		371,774	
4	Cost per Unit			1.77		2.20		2.20		2.20		2.20	
5	SMA per Unit			1.77		2.28		2.28		2.28		2.28	
6	Published Charge per Unit			1.77		2.20		2.20		2.20		2.20	
7	Negotiated Rate / Cost per Unit												
8	Medi-Cal Units	07/01/02 - 09/30/02		14,511		1,095		6,726		4,136		24,918	
8A		10/01/02 - 06/30/03		30,974		4,093		15,134		12,757		60,985	
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03											
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		345		60		570		1,034		1,425	
11A		10/01/02 - 06/30/03		750		580		1,415		1,957		4,736	
12	Non-Medi-Cal Units			26,258		3,783		23,345		13,710		76,924	
13	Medi-Cal Costs	07/01/02 - 09/30/02		141,064		25,684		2,409		14,797		9,099	
13A		10/01/02 - 06/30/03		378,014		54,824		9,005		33,295		28,065	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02		145,223		25,684		2,497		15,335		9,430	
14A		10/01/02 - 06/30/03		389,591		54,824		9,332		34,506		29,086	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02		141,064		25,684		2,409		14,797		9,099	
15A		10/01/02 - 06/30/03		378,013		54,824		9,005		33,295		28,065	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02											
17A		10/01/02 - 06/30/03											
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02											
18A		10/01/02 - 06/30/03											
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02											
19A		10/01/02 - 06/30/03											
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02											
20A		10/01/02 - 06/30/03											
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02											
21A		10/01/02 - 06/30/03											
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02											
22A		10/01/02 - 06/30/03											
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03											
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03											
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03											
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03											
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03											
29	Healthy Families Costs	07/01/02 - 09/30/02		8,001		611		132		1,254		2,275	
29A		10/01/02 - 06/30/03		23,420		1,327		1,276		3,113		4,305	
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02		8,270		611		137		1,300		2,358	
30A		10/01/02 - 06/30/03		24,219		1,328		1,322		3,226		4,462	
31	Healthy Families Published Charges	07/01/02 - 09/30/02		8,001		611		132		1,254		2,275	
31A		10/01/02 - 06/30/03		23,420		1,328		1,276		3,113		4,305	
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02											
32A		10/01/02 - 06/30/03											
33	Non-Medi-Cal Costs			432,979		46,477		8,323		51,359		30,162	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: COLUSA COUNTY County Code: 06		CR	CR	CR			
Legal Entity: COLUSA COUNTY		H	I	J	K	L	M
Legal Entity Number: 00006		Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function
		50	60	70			
1	Allocation Percentage	0.42%	20.18%	7.85%			
2	Total Units	1,860	48,535	23,454			
3	Gross Cost	4,092	198,508	77,164			
4	Cost per Unit	2.20	4.09	3.29			
5	SMA per Unit	2.28	4.23	3.41			
6	Published Charge per Unit	2.20	4.09	3.29			
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	07/01/02 - 09/30/02	240	4,440	4,638		
8A		10/01/02 - 06/30/03	659	20,434	9,445		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					
9A		10/01/02 - 06/30/03					
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02					
10A		10/01/02 - 06/30/03					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03					
11	Healthy Families (SED) Units	07/01/02 - 09/30/02	65	30	100		
11A		10/01/02 - 06/30/03	69	546			
12	Non-Medi-Cal Units		827	23,085	9,271		
13	Medi-Cal Costs	07/01/02 - 09/30/02	528	18,160	15,259		
13A		10/01/02 - 06/30/03	1,450	83,575	31,074		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	547	18,781	15,816		
14A		10/01/02 - 06/30/03	1,503	86,436	32,207		
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	528	18,160	15,259		
15A		10/01/02 - 06/30/03	1,450	83,575	31,074		
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02					
16A		10/01/02 - 06/30/03					
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02					
17A		10/01/02 - 06/30/03					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02					
18A		10/01/02 - 06/30/03					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02					
19A		10/01/02 - 06/30/03					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02					
20A		10/01/02 - 06/30/03					
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02					
21A		10/01/02 - 06/30/03					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02					
22A		10/01/02 - 06/30/03					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02					
23A		10/01/02 - 06/30/03					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02					
24A		10/01/02 - 06/30/03					
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03					
29	Healthy Families Costs	07/01/02 - 09/30/02	143	123	329		
29A		10/01/02 - 06/30/03	152	2,233			
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	148	127	341		
30A		10/01/02 - 06/30/03	157	2,310			
31	Healthy Families Published Charges	07/01/02 - 09/30/02	143	123	329		
31A		10/01/02 - 06/30/03	152	2,233			
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02					
32A		10/01/02 - 06/30/03					
33	Non-Medi-Cal Costs		1,819	94,418	30,502		

County: COLUSA COUNTY			ASO		ASO		ASO		
County Code: 06									
Legal Entity: COLUSA COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00006			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				10	60	40	30		
1	Allocation Percentage		100.00%	13.10%	17.90%	56.77%	12.23%		
2	Total Units			2	6	19	4		
3	Gross Cost		2,290	300	410	1,300	280		
4	Cost per Unit			150.00	68.33	68.42	70.00		
5	SMA per Unit			2.28	4.23	2.28	2.28		
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02							
8A		10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			2	6	19	4		
13	Medi-Cal Costs	07/01/02 - 09/30/02							
13A		10/01/02 - 06/30/03							
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02							
14A		10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		2,290	300	410	1,300	280		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: COLUSA COUNTY		CR		CR				
County Code: 06								
Legal Entity: COLUSA COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00006		Mode Total	Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach			Function	Function	Function	Function	Function	Function
			10	20				
1	Allocation Percentage	100.00%	65.64%	34.36%				
2	Total Units		95	65				
3	Gross Cost	112,005	73,520	38,485				
4	Cost per Unit		773.89	592.08				
5	Non-Medi-Cal Units		95	65				
6	Non-Medi-Cal Costs	112,005	73,520	38,485				

DETAIL COST REPORT

Fiscal Year 2002-2003

DETAIL COST REPORT

County Code: 06

Legal Entity: COLUSA COUNTY

[illegible]

County Code: 06			REIMBURSEMENT TYPE				PC	PC			Costs		
Legal Entity: COLUSA COUNTY			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00006			S. F.'s 01-09	Mode 55 S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02								141,064	141,064		141,064
1A		10/01/02 - 06/30/03								378,014	378,014		378,014
2	Medi-Cal SMA	07/01/02 - 09/30/02								145,223	145,223		145,223
2A		10/01/02 - 06/30/03								389,591	389,591		389,591
3	Medi-Cal P. C	07/01/02 - 09/30/02								141,064	141,064		141,064
3A		10/01/02 - 06/30/03								378,013	378,013		378,013
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								141,064	141,064		141,064
5A		10/01/02 - 06/30/03								378,013	378,013		378,013
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03											
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
8A		10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02								141,064	141,064		141,064
11A		10/01/02 - 06/30/03								378,013	378,013		378,013
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A		10/01/02 - 06/30/03											
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02											
13A		10/01/02 - 06/30/03											
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03											
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								141,064	141,064		141,064
21A	(Excludes Refugees)	10/01/02 - 06/30/03								378,013	378,013		378,013
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02								8,001	8,001		8,001
23A		10/01/02 - 06/30/03								23,420	23,420		23,420
24	Healthy Families SMA	07/01/02 - 09/30/02								8,270	8,270		8,270
24A		10/01/02 - 06/30/03								24,219	24,219		24,219
25	Healthy Families P. C.	07/01/02 - 09/30/02								8,001	8,001		8,001
25A		10/01/02 - 06/30/03								23,420	23,420		23,420
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02								8,001	8,001		8,001
27A		10/01/02 - 06/30/03								23,420	23,420		23,420
Less: Patient and Other Payor Revenues													
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02											
28A		10/01/02 - 06/30/03											
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02								141,064	141,064		141,064
35A		10/01/02 - 06/30/03								378,013	378,013		378,013
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02								8,001	8,001		8,001
37A		10/01/02 - 06/30/03								23,420	23,420		23,420
Amount Negotiated Rates Exceed Costs													
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: COLUSA COUNTY
County Code: 06
Legal Entity: COLUSA COUNTY

Legal Entity Number: 00006		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
Formula		Column N	Column Q	Column R	Column U		
Period		1st Period	2nd Period	1st Period	2nd Period	(C6 / A6)	(D6 / B6)
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
Mode							
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services						
4	15 - Outpatient (Program 1)	141,064	378,013	72,507	195,484		
5	15 - Outpatient (Program 2)						
6	Totals	141,064	378,013	72,507	195,484		
7	Totals from MH1979	141,064	378,013	72,507	195,484		
8	Effective SD/MC FFP %					51.40%	51.71%

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

FFP % Source: MH1978 E8	FFP % Source: MH1978 F8
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[illegible]